2004–October 2005) were obtained, and a dose interchange table identifying the statin switches providing an LDL-C lowering effect within 10% of the entry drug was developed. The study assumed all patients requiring a higher level of LDL reduction would switch from other equivalent statin doses to simvastatin 20 mg daily. Two different assumptions with four cost scenarios for future generic simvastatin prices were tested: 20% rebate for branded statins, a 50% discount rate, and $5 generic and $15 brand co-payments (assumption 1) and 20% rebate for branded statins, a 60% discount rate, and $10 generic and $30 brand co-payments (assumption 2). **RESULTS:** With the baseline assumptions in the study, total costs to TPPs for branded statins were $5.57B (assumption 1) and $4.62B (assumption 2). Switching patients to generic simvastatin lowered total costs to $4.54B and $3.25B, respectively, providing potential costs savings for TPPs of $1.03B to $1.37B. One-way sensitivity analyses varying the purchasing discount rate for generic simvastatin from 40%–75% in assumption 1, found the range of cost savings to be $0.06B–$3.46B; varying the discount rate from 50%–75% in assumption 2 found a range of cost savings of $0.4B–$2.83B. **CONCLUSION:** The switch to generic simvastatin 20 mg for patients requiring cholesterol reduction yielded potential annual cost savings for TPPs over one year. Other long-term studies focusing on the economic impacts on TPPs are encouraged to evaluate potential cost savings following the availability of other generic statin drugs.

PCV68

CLOPIDOGREL PATTERNS OF USE IN ACUTE CORONARY SYNDROME PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION IN 5 EUROPEAN COUNTRIES

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OBJECTIVES: Recently published data have increased interest in high clopidogrel loading doses (>300 mg) in acute coronary syndrome (ACS) patients undergoing percutaneous coronary intervention (PCI). The purpose of this study was to examine clopidogrel patterns of use in the hospital setting in ACS/PCI patients residing in Europe. **METHODS:** This was a retrospective study using the IMS Health Acute Cardiovascular Analyzer. This is a physician-reported registry in Germany, France, Italy, Spain, and the UK. Data collection timeframe was January–November 2005. The standard dose clopidogrel group was defined as <300 mg. Demographic and health characteristics were compiled for the entire cohort and by country. **RESULTS:** Over 400 cardiologists reported data on 4393 ACS patients who received clopidogrel and underwent PCI. Patient count by country was: Germany-1117, France-1048, Italy-598, Spain-993, UK-637. Mean age was 63 + 12.2 (SD) years; 71% were male. Common comorbidities and risk factors were: hypertension 66%, dyslipidemia 63%, diabetes 31%, prior myocardial infarction (MI) 13%. Medications prior to admission were: clopidogrel 17%, statins 26%, aspirin 27%. The index diagnosis was: ST-elevation MI 45%, non ST-elevation MI 29% and unstable angina 26%. Timing of clopidogrel administration in relation to PCI was: 23.9% pre-PCI (of which, 2% were >12 hours pre-PCI), 10.9% at PCI and 53.4% after PCI. Loading dose ranged from 75–900 mg. Dosage <300 mg by country was: Germany 80%, France 85%, Italy 91%, Spain 95%, UK 81%. Approximately 96% of patients were discharged on clopidogrel and the most common planned duration was 6–12 months (56.6%) followed by >12 months (13.6%). **CONCLUSIONS:** These recent data indicate many patients did not receive clopidogrel prior to PCI and higher loading doses (>300 mg) were uncommon. The vast majority of patients received clopidogrel upon discharge with planned duration of therapy of 6–12 months. These data may be useful benchmarks for later comparison to treatment guidelines.

PCV69

RETROSPECTIVE STUDY OF CLOPIDOGREL USE AMONG PATIENTS WITH ACUTE CORONARY SYNDROME (ACS) UNDERGOING CORONARY ARTERY BYPASS GRAFT

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OBJECTIVES: To compare claims data on bleeding complications in ACS patients treated with clopidogrel vs. aspirin/heparin undergoing catheterization prior to coronary artery bypass grafting (CABG). **METHODS:** Patients >18 years of age with an ACS diagnosis between 2000 and 2004 were identified using ICD-9 codes. Treatment patterns and outcomes were compared across two cohorts: patients on clopidogrel +/– aspirin, heparin, or IIbIIIa antagonists, and those on aspirin or heparin only. Claims for CABG and catheterization prior to CABG were evaluated. Among CABG patients who received clopidogrel, distribution of days clopidogrel was discontinued pre-surgery was examined. Claims related to bleeding complications among patients with catheterization prior to CABG were evaluated using logistic regression controlling for age, race, time to CABG, IIbIIIa exposure, and hospital size. **RESULTS:** We identified 25,289 clopidogrel patients and 21,688 aspirin/heparin patients. The clopidogrel cohort was significantly younger (65.6 versus 69.7, $p < 0.0001$) with a higher proportion of male patients (62.8% versus 54.7%, $p < 0.0001$). A total of 2535 clopidogrel patients (10%) and 4358 aspirin/heparin patients (20.1%)underwent CABG; of those, 1633 clopidogrel (64.4%) and 2053 aspirin/heparin (47.1%) patients underwent catheterization prior to surgery during the index admission. Among these clopidogrel patients, 1791 (70.6%) discontinued clopidogrel prior to CABG; a majority discontinued either the day of (41%) or the day before (20.5%) surgery. Among patients undergoing catheterization prior to CABG, claims related to bleeding complications were significantly more likely in the clopidogrel cohort compared to the aspirin/heparin cohort after adjusting for covariates (OR 1.84, 95%CI 1.08–3.13). **CONCLUSION:** A majority of ACS patients treated with clopidogrel and undergoing catheterization and CABG discontinue clopidogrel closer to CABG than the recommended five days pre-surgery (US Package Insert). Additionally, such patients may be at higher risk for bleeding than patients treated with aspirin/heparin only.

PCV70

MANAGEMENT AND OUTCOMES IN THE CARE OF ATRIAL FIBRILLATION IN GERMANY (MOCA)

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OBJECTIVES: Atrial fibrillation (AF) is the most common heart arrhythmia affecting more than 6% of elderly people. The annual risk of stroke in patients with AF not taking Vitamin-K antagonists (VKAs) is 3–5%. Anticoagulation with a prothrombin time (INR) of 2–3 has demonstrated effective primary prophylaxis. This multi-centre observational study was conducted to gain knowledge of the current treatment patterns of AF in Germany, their clinical results and related resource utilization.